

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000019873**

1. Entity Name

**GULF SHORE RESORTS, INC.**



**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90305 039 \*\*\*158.75

0560229  
AV



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>2033 MAIN ST. STE 600 SARASOTA FL 34237 US</b>		Mailing Address <b>2033 MAIN ST. STE 600 SARASOTA FL 34237 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0575652</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PFLUGNER, J. GEOFFREY 2033 MAIN ST. SUITE 600 SARASOTA FL 34237</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <del>ARNSTBY, DAVID B</del> <del>4948 BRIDGEHAMPTON BOULEVARD</del> <del>SARASOTA FL 34238-2782</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President and Secretary</b> <b>Laugene Arnsby</b> <b>33 Tamiami Trail</b> <b>Punta Gorda, Florida 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <del>ARNSTBY, ANN</del> <del>4948 BRIDGEHAMPTON BOULEVARD</del> <del>SARASOTA FL 34238-2782</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Laugene Arnsby</b>		Date: <b>April 14/03</b> Daytime Phone #: <b>941-366-5707</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)